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ABSTRACT

The booklet is designed to provide English-as-a-Second-Language (ESL) practitioners with background information and ideas to help refugees cope with a new cultural environment and promote mental health. Chapters address these topics: acculturation and biculturalism in the refugee experience; stress in resettlement (the types of stresses experience in resettlement, the importance of social support in coping with stress); mental illness in the refugee experience stress and mental illness, posttraumatic stress disorder, availability of mental health services, the role of the ESL teacher in helping refugees with mental health, prevention of mental illness); the connections between ESL and mental health (the classroom as a safe environment, the importance of English and the teacher, English as a key tool to cultural adjustment and employment, appropriate roles for the ESL teacher); and ESL activities to address mental health issues in the classroom. An article illustrating how cultural perspectives manifest themselves in the classroom is appended. (MSE)

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Cultural Adjustment and Mental Health: The Role of the ESL Teacher

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Cultural Adjustment and Mental Health:

The Role of the ESL Teacher

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with contributions from:
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Cultural Adjustment and Mental Health: The Role of the ESL Teacher
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Preface

ESL teachers often are some of the first resources available to help refugees cope with a new cultural environment. Their role as a cultural informant is very important. Although the identified role of the teacher is to teach English language skills, there is potential for the classroom to be an environment where refugees can make significant progress on the path toward adjustment to a new life in an unfamiliar culture.

In order to conceptualize the purpose of this booklet, which is designed for ESL service providers and focuses on the topic of cultural adjustment and mental health, it seems essential to point out what it is not:

- It is not an ESL curriculum utilizing the topic of mental health.
- It is not meant to turn ESL providers into therapists or mental health specialists.
- It does not provide a diagnostic tool or suggest that ESL providers are, in general, qualified to make definitive judgments about students' mental health or need for therapy.
- It is not a textbook or even a series of lesson plans for addressing cultural adjustment or definitive mental health issues in the classroom.

The role of, and challenges for, the ESL providers are already so enormous that we hope they will find relief in not needing to assume the role of mental health therapists as well.

ESL teachers, however, can be a critical link in a well functioning team of providers attempting to help refugees establish a new life, which is both productive and satisfying. They can be a crucial resource to their culturally diverse students as they grapple with concerns related to cultural adjustment and mental health. These issues are often imbedded in students' need for English language skills and the facility to manipulate the culture using these skills. Frequently, however, the ESL teacher seems to function outside the inner circle of the re-settlement process. ESL providers often struggle for their voices to be heard, even as they assume the mandate to assist refugees in finding their own voices through the medium of English.

This booklet is designed to provide a backdrop of information and ideas for ESL practitioners related to the learners in their classroom, in whatever settings they meet them. Students come with their past experiences, their current challenges, and their need to quickly garner the information and the skills to give them back control over their lives and their futures. There is now substantial research and experience on cultural adjustment and mental health issues which refugees face. This publication includes enough general information on these issues and how they might manifest themselves in the classroom, so that teachers can do a better job of meeting needs and knowing how, when, and where to refer people to other parts of the service provider network. ESL service providers can be a great asset, not only for the learners, but for other providers in a holistic service structure. This booklet also provides sample pieces of lessons and specific strategies to help

address issues related to mental health and to give teachers new insights to link their students' cultural adjustment and mental health needs.

This booklet is divided into four parts. Parts I - III provide background information which is helpful for understanding the normal process of cultural adjustment for refugees, more specifically, how to approach mental illness when it occurs during that process. As a whole, these parts are intended to provide a framework that lays out the concepts and psychological theories that are useful to understanding refugee mental health. Part IV is written to apply directly to classroom experience, and Part V offers specific exercises to conduct with students.

PART I

ACCULTURATION IN THE REFUGEE EXPERIENCE

The acquisition of English, while perhaps the most important and visible aspect of the process of acculturation for immigrants, is only one dimension of the multi-faceted process of cultural change which immigrants face. This section will tackle the question of what the goals of the acculturation process are for refugees. The refugees themselves: adults, children, and the elderly; the service providers working with them; and the general public as a whole, all have attitudes and expectations for the process. In this section we explore those assumptions.

Historical background

The U.S. is currently experiencing the third greatest migration wave in its history. This wave, different from the other two waves in some respects, has implications for how the country thinks about immigration and what it believes to be the successful outcome of immigration.

The First Wave – Settling the Frontier.
On the East Coast the first great migration wave reached its peak in the early 1880's, when the majority of immigrants to the U.S. were Northern Europeans. For example, in the 1840's the Irish potato famine gave rise to an enormous wave of Irish migration, which continued for several decades. Other large groups that settled in the U.S. during this period were from Britain, Ireland, Germany and Scandinavia. On the West Coast a large influx of Chinese contract laborers who arrived to work on the railroads stimulated legislation to restrict migration from China and Japan. For the most part, however, the newcomers during this period were white, many spoke English, and they generally fit fairly easily into the American mainstream. In some regions of the country the migrations were so large that ethnic enclaves emerged. While arrival of newcomers on such a large scale raised some concerns about the possibility of "undesirable" behaviors, lifestyles, etc., being introduced into the U.S. culture and society, strong anti-immigrant sentiment on a large scale emerged later. This migration wave was relatively small, Americans still had a sense of the great frontier and unlimited resources of the North American continent, and the majority of the new arrivals were not radically different from the U.S. mainstream population in race or customs that they brought with them.

The Second Wave – "The Melting Pot".
The second migration wave occurred during the decades from 1900-1920, and was symbolized by Ellis Island, the large scale screening facility at the gateway to the country. The creation of Ellis Island signaled the growing concern in the U.S. that the country should be more selective with respect to whom it allowed in. This wave was the largest in proportion to the U.S. population at the time. In 1920, approximately 15% of U.S. residents were foreign born, compared to approximately 8% today. The new arrivals were primarily Southern, Central, and Eastern Europeans, including Italians, Poles, and many Jews fleeing Czarist

Russia. These immigrants were predominantly from rural areas, with little formal education, coming to U.S. cities to find work in the factories. Their lack of sophistication from the perspective of urban Americans raised questions about their suitability, and contributed to negative stereotypic images of these immigrants.

The image of the U.S. as a "melting pot" came to characterize the attitudes toward this migration. In other words, the immigrants were welcome as long as they were willing to "melt", blend in, and assimilate into the U.S. culture. Though the "melting pot" image implies that everyone contributes something to the pot, the assumption was that immigrants would largely give up what they brought with them and adopt the American way of life.

The Third Wave - Multiculturalism.
A new flow of immigrant and refugees began arriving in the U.S. on a large scale in the early 1970's, and are continuing to arrive today. Among refugees coming to the U.S. for resettlement, the migrations from Vietnam and the former Soviet Union have been the largest during this period. Among immigrants without refugee status, however, the largest group has been from Latin America, with Mexico being the largest country of origin. The 1980's witnessed a large migration from the Philippines as well.

Currently, approximately one million people enter the country each year, with the largest number, approximately 600-700,000, being legal immigrants coming to the U.S. to join family members or to fill highly skilled jobs. Approximately 90,000 are refugees. The rest, an imprecise estimate at best, are undocumented arrivals, coming in primarily through the Mexican border.

What is acculturation?

The term "acculturation" means cultural change which occurs as a result of contact between groups of people from different cultures.

The definition of acculturation assumes that cultural change can occur in the culture of either or both groups, and that individuals may take any number of different acculturative paths, or ways in which they choose to incorporate the new culture and retain the old. As a result of the second migration wave the study of acculturation gained prominence in the social sciences, as anthropologists and sociologists sought to understand the cultural transformation of such large numbers of newcomers to the U.S. The acculturative path that was expected of immigrants at the turn of the century was assimilation: that is, they were expected to give up the culture they brought with them in favor of adopting the American culture.

Assimilation has been questioned in the context of today's third migration wave. One issue is that this wave consists primarily of people who ethnically and racially are distinct from whites of European descent who constitute the majority in the U.S. Thus, it is not clear if it is possible for the Latin Americans and Asians entering the country to assimilate in the same ways that White Europeans could

earlier in the century. Second, the Civil Rights movement has left a legacy of paying particular attention and giving importance to ethnic and racial pride, identity, and self-determination. In this context, the idea that newcomers must assimilate into the mainstream culture is seen as disrespectful and hegemonic. However, a significant and powerful set of political influences remain married to the concept of assimilation and melt down of immigrant cultures. Rather, an emphasis on multiculturalism has introduced the idea that differences, whether racial, ethnic, cultural, or linguistic, ought to be respected and cherished rather than eliminated. In the social sciences, acculturation researchers have begun to emphasize that biculturalism is more desirable than assimilation as a goal of the acculturation process.

What is Biculturalism?

Biculturalism is an acculturative strategy where immigrants learn about and adopt some aspects of the new culture, but also hold on to aspects of the culture they left behind, such as language, values, and way of life. In this way, these immigrants are competent to function in both cultural worlds.

Immigrants living in a multicultural society need to negotiate two cultural worlds. One is the world of the larger U.S. American culture, and the other is the world of their relatives, friends, and community members, who may continue to speak the language of the country of origin and hold on to some beliefs and values of their culture. In this context, assimilation would actually by maladaptive for some, because it would involve losing their ability to relate to others from their own ethnic community, and to take pride in their culture of origin.

Preserving the culture of origin is particularly important to successful adaptation of the immigrant family as a whole. Research has shown consistently that children adopt the American culture and language much faster than their parents, resulting in a growing cultural gap between them. For adolescents in particular, studies with Latino immigrants have shown that "over acculturation", or assimilating to the U.S. American culture without retaining one's native language and culture, is associated with higher rates of substance abuse and conduct disorders. Such teenagers tend to be alienated from their parents and families. Immigrant adolescents frequently assume parental roles in the family, since they may be the ones with the best knowledge of the language and culture. Often, children of this age are asked to accompany family members to doctors' appointments, handle aspects of family finances, and assume other roles that they would not have ordinarily assumed in their culture of origin. With such responsibilities comes power, and with it a disturbance in the normal balance of parent-child relationships. The parents lose their authority over the children, and the children stop relying on their parents to them with their own difficulties in the new country. Biculturalism as an acculturation strategy can help such families bridge the culture gap, by helping parents become knowledgeable about the American culture within which their children spend much of their time, and also helping children learn about the culture of their parents.

Biculturalism as an acculturation strategy can take many different forms. Acculturation involves many aspects or "dimensions", including learning a new language, learning about new customs, traditions, values, foods and recreation, and many others things. For refugees, it is clear that, with respect to language, learning English is the most important task they have to accomplish in order to adjust to life in this society. However, learning English does not have to happen at the expense of giving up their original language. This is particularly true for children, who may lose their ability to speak their native language very quickly, losing also their connection to their families. With respect to other aspects of acculturation, it is important to remember that *learning* about aspects of the U.S. culture in order to be able to successfully negotiate and understand them is different from *adopting* these values, beliefs, and traditions. Therefore, someone may be bicultural and bilingual with respect to their knowledge and ability to negotiate the larger culture, but may prefer to be strongly identified with the culture of their country of origin, and to continue to embrace the values and adhere to traditions of that culture, and speak their native language at home. Perhaps the most important lesson that we have learned as a nation from the Civil Rights Movement is that there is no "right" way to define one's ethnicity and culture, and that individuals may have a variety of ways of adapting to their circumstances.

Part II

STRESS IN RESETTLEMENT

Terms such as "stress", "trauma", and "Post Traumatic Stress Disorder" are frequently used when discussing refugee adjustment. Because refugees' lives often involve such turmoil and radical change, these concepts are useful in describing the refugee experience. This section provides a definition of stress and describes different types of stress experienced by refugees.

What is stress?

Stress occurs when the burdens imposed on us by events or pressures in our lives (stressors) exceed our resources to cope with them.

- **Stressors** can be discreet events, such as a move, or chronic conditions, such as poverty.
- **Resources** can be in the person, such as personality, skills, or abilities, or in the environment, such as friends, community organizations, etc.

One of the implications of the definition above is that different people won't perceive the same event (stressor) as equally stressful. This is so because some people may have sufficient resources to cope with the stressors, while others don't.

It is also important to note that there are positive as well as negative consequences of stress. For example, one way to cope with stress is to increase one's resources, such as acquiring a new skill or building new connections with

other people. This can lead to growth and enrichment in one's life. Sometimes stress can stimulate people to do their best. Stress can also lead to despair, forcing people to become immobilized and overwhelmed.

Stressors, or events that cause stress in our lives, are not only the "negative" types of events we typically think of, but include the more positive life changes, such as marriage, birth of a child, and getting a promotion or a good job. Many researchers have compiled lists of typical stressful life events in people's lives. Typical events included on such lists are death of a child or spouse, moving, losing a job, losing a friend, getting married, or starting a new job. In general, it is believed that unscheduled, unexpected events are more stressful than anticipated events that have been planned for. Also, some events may have a lasting impact on people's lives, whereas others are temporary. Stressors may be major life events, or even "daily hassles", small events that build up to create the experience of stress.

What are the types of stress experienced in resettlement?

For refugees resettlement involves three types of stress: ***Migration Stress***, ***Acculturative Stress***, and for many, ***Traumatic Stress***.

Migration Stress, when the stressor is moving to a new country, results in experiencing most of the life events that are generally included on lists of stressful life events *all at one time*.

Migration includes moving from one's home; leaving or losing ones' job and perhaps even the ability to work in one's profession; losing contact with close family and friends; and even the small scale losses of events, people, and surroundings that one is used to in the course of daily life. For refugees, when migration occurs suddenly as a result of political violence, war, or other catastrophes, it represents an unscheduled event, out of the refugee's control. This makes it even more stressful. Moreover, many of the losses associated with migration represent the loss of the usual coping resources, such as family, friends, surrounding community, etc., which people would ordinarily rely on to help them cope with stress. There is no doubt that for the vast majority of refugees and immigrants who experience it, migration is very stressful, as the demands of adjusting to the new environment frequently exceed the individual's capacity to cope.

Acculturative Stress is defined as stress that results from having to function in a culture different than the one an individual is born and raised in.

It refers to those times in the refugee's experience when misunderstanding of customs or norms, or being misunderstood by others, leads to difficulties. A great deal has been written about acculturative stress in the psychological literature, suggesting that immigrants experience distress as they acculturate to the dominant culture that surrounds them. In fact, recent research has found that some immigrants who have lived in the U.S. longer have higher prevalence of

psychiatric disorders than new arrivals, suggesting that the experience of acculturation may be responsible for a decline in their mental health.

Acculturative stress can sometimes be extremely subtle, yet pervasive and influential in a refugee's life. Most refugees are unable to adequately anticipate what their life will be like in a new culture. In fact, most immigrants and refugees make the assumption that life in a new country and culture will be *basically pretty much the same, except in a new language*. Immigrants often don't expect that the very fabric of the life around them will be profoundly different in a new cultural context. For example, it is difficult to imagine that the way in which people relate to each other, and how friendships are formed and sustained will be different; that their children will go to schools and be socialized in a completely different way of life from their own; that even the most simple of daily tasks, such as shopping for food or asking for directions, can become challenges involving not only the language barrier, but also the potential for deep cultural misunderstanding.

As ESL teachers certainly know, the complexity of cross-cultural communication is most evident when direct, literal translation is used to express a thought, and can lead to confusion and misunderstanding. Refugees don't always fully appreciate the extent to which entering the new culture will be difficult before they arrive, and thus this unanticipated stress after arrival can be great.

For refugees, the dilemma posed by acculturative stress creates a number of different options with respect to how they will adapt to life in their new country. Acculturative styles described earlier can be seen as ways of coping with acculturative stress. Immigrants can choose to live in an ethnic enclave, and resist assimilation into the new culture. They can assimilate to the American culture and give up their former way of life. Or, they can find ways to be bicultural: retain their old language, culture, and values and acquire skills necessary to survive in their new country.

Traumatic Stress generally refers to stress which results from extreme events that cause harm, injury or death, such as natural disasters, accidents, assault, war-related experiences, and torture.

Because these types of events are seen as so overwhelmingly distressing, traumatic stress is seen as quite different than other kinds of stress. Generally, it is believed that injury and death that results from accidents and natural disasters are experienced as less traumatic than injury that results from willful acts by other human beings, such as torture. It is inevitable that individuals suffering such events will be changed by that experience, and new research suggests that these changes will be psychological, social, and physical.

While some survivors of traumatic stress may have the resources to cope with the stress, others may become significantly debilitated by their reaction to this experience, and may even develop a mental disorder, such as Post Traumatic Stress Disorder (PTSD), or Depression. PTSD is described in more detail in Part III.

Refugees as a group, because of the circumstances they come out of, are frequently survivors of extreme trauma. For them, traumatic stress overlays the experiences of both migration stress and acculturative stress, as all are occurring at the same time.

Coping with the stresses of resettlement: The importance of Social Support.

There are two ways of coping with stress:

- Reduce or eliminate the stressor that's responsible for the difficulty; or
- Increase one's resources in order to deal with the problems created by the stressors.

It is difficult to reduce or eliminate the stressor involved in resettlement. When the stressor is a difficult boss, one option may be to change jobs. When the stressors are the new country and culture where refugees flee to escape persecution in their home country, the only option is to increase one's resources to cope with the difficulties of the new life.

The one resource that has consistently been found in research to alleviate or "buffer" the many effects of stress is *social support*. Social support is important for a number of reasons and works in a variety of ways. Social support can be *tangible*, such as when someone is able to give or help a person with something, like giving them a ride, helping fill out a form, or helping them acquire a necessary skill, such as learning English! Support can also be *emotional*, such as when people listen, show respect and positive regard, or say a kind word.

For survivors of extreme trauma, emotional support is extremely important for a number of reasons. Particularly if the trauma happened at the hands of other people, survivors find it very difficult to trust others, and also sometimes blame themselves for what happened to them. Having others "validate" their experience, by affirming that what happened was unjust, is very helpful to survivors of violence. Having others do something as simple as convey positive regard and respect can help rebuild trust in other human beings. It has also been found that, because it is important for survivors to feel strong rather than damaged by their experience, it is helpful for them to feel that they can help others, as well as receiving help from others. So, activities that bring survivors together, and allow them to give as well as receive social support, can be extremely helpful for people experiencing the full range of stress.

Social support is also helpful in providing tangible assistance for refugees. Social networks or "connection" can be extremely helpful in finding employment, a baby-sitter, or a used car to buy. We all rely on our friends and acquaintances, and on "weak ties", or acquaintances of our acquaintances, when we need such things. Refugees are often "well connected" within refugee networks, but not within mainstream networks. Creating opportunities where such connections can be formed can be extremely useful for newcomers to the country.

Finally, it is important to remember that for those undergoing acculturative stress, social support may be difficult to obtain in the American culture, particularly if their language skills are not very good. For this reason, many refugees seek out the comfort, networks, and support of their ethnic communities. Sometimes, this can be seen in a negative light, as if a refugee is avoiding the mainstream society and refusing to acculturate to the U.S. American culture. Seen from a refugee's perspective, however, the support of an ethnic enclave can be an extremely important resource and tremendously helpful in aiding one's capacity to cope.

Part III

MENTAL ILLNESS IN THE REFUGEE EXPERIENCE

Does stress cause mental illness?

It's probably most correct to say that stress can *trigger* mental illness, or make people vulnerable to mental illness. It is clear that stress can lead to distress and demoralization, and that those conditions can develop into mental illness in some people under stress.

This question has been studied extensively in the social sciences, but it is difficult to arrive at the answer from sociological and psychological research. There is clear evidence that there is a higher proportion of mental illness among those under a great deal of stress, such as those living in poverty. However, it is very difficult in this type of research to determine whether those who have a propensity toward mental illness have ended up in poverty through downward "social drift", or whether poverty indeed caused the onset of mental illness in previously well functioning individuals. In general, the assumption is that because human beings are so complex, stress by itself is probably not responsible directly for the onset of mental illness. However, stress may make people vulnerable to mental illness, and the reverse is true as well. Stress may trigger the onset of mental illness in those who are vulnerable for other reasons (such as their genetic make-up). Therefore it is reasonable to expect that there will be a *slightly* greater number of mentally ill among a segment of the population who are under prolonged stress. It's important to remember, however, that even if mental illness is more likely to occur among those under stress, it is still rare, and does not occur in the majority of any population. It is also reasonable to expect that some people under stress may be experiencing some of the symptoms of mental illness, such as distress which is associated with depression, without suffering from a full blown syndrome.

What is mental illness?

The Center for Mental Health Services, U.S. Department of Health and Human Services, reports that more than 48 million Americans have a mental disorder in a single year, and 5.5 million Americans are disabled by severe mental illnesses. It seems startling that such a large percentage of the U.S. population is mentally ill. It is important to understand what is and is not meant by the definition "mental disorder."

Mental disorders are catalogued in a number of different classification systems around the world, with U.S. practitioners primarily relying on the Diagnostic and Statistical Manual (DSM) of the American Psychiatric Association. The DSM is currently in its fourth edition, known as the "DSM-IV". Each new revision of the DSM results in an increasingly large number of disorders recognized by U.S. psychiatrists. The disorders included are ones agreed upon by a committee selected by the American Psychiatric Association. They are used to determine the nature of the presenting problem of a patient, to make a determination about a course of treatment, and to provide information to medical insurance companies on what particular ailment is being treated.

The DSM-IV includes a very wide range of disorders, ranging from schizophrenia, to major depression, PTSD, and various forms of substance abuse, including caffeine-related disorders and nicotine-related disorders. For children, disorders listed include extremely severe conditions, such as autistic disorder, but also learning disorders that include "reading disorder" and "mathematics disorder", characterized by difficulties in reading or writing. Thus the DSM-IV spans a large range of conditions, and includes those that a lay person would undoubtedly consider to be severe mental illness, as well as those that may seem more descriptive of normal behavior than mental illness. The distinction made in the profession is that these disorders are considered to be mental illness only when they are disabling to the individual, and severely interfere in daily functioning.

The statistics that suggest that such a large number of Americans have a mental disorder appear so startlingly large because they are based on large scale broad surveys of the general population, where people respond to diagnostic questions based on classification systems such as the DSM-IV. As a result, a large number of people who meet the diagnostic criteria of a disorder, but may not necessarily be disabled or even severely troubled by it, are included in the statistics.

However, the statistics of 5.5 million Americans being disabled by severe mental illnesses is still quite large and meaningful, and not to be ignored. In addition, there are a number of people who may suffer from a mental disorder, but may not access services or receive any kind of help for it. Much like people who may live with severe physical pain and limitations, but who are reluctant or unable to consult with a doctor, there are people who live with severe emotional pain who do not seek help with. Moreover, there are people whose condition may not be severely disabling, yet, as with physical illnesses, if detected and treated early, they may be able to return to normal functioning quite quickly. If they continue to suffer in silence, their condition may worsen and indeed become a serious, full-blown, debilitating psychiatric condition, such as major depression, or PTSD.

What is PTSD?

Post Traumatic Stress Disorder (PTSD) is a psychiatric diagnosis often used when patients present symptoms that can be linked to their having experienced extreme traumatic stress. It is a diagnosis frequently mentioned in referring to refugees who have been exposed to war-related violence, torture, and other such terrible

events. As with other types of stress, the diagnosis of PTSD must involve an event (stressor), and patient's subjective experience of that event as stressful, in this case resulting in fear, helplessness, or horror. Similar to other types of stress, the same event will not be experienced as stressful in the same way by different people, and traumatic stress occurs when the pressure produced by the event exceeds the individuals' capacity to cope with it. Symptoms of PTSD include flashbacks, nightmares, mood liability, headaches, difficulty concentrating, etc. It is natural that anyone living through horrible events will experience these types of reactions ("symptoms"), which are quite normal responses to abnormal, unjust, horrifying circumstances. What then differentiates someone who has these reactions from someone who receives the diagnosis of PTSD? The diagnosis of PTSD is given when the symptoms last over a long period of time, and when they are debilitating to the individual, interfering with his or her ability to have normal relationships with family and friends, function at work, and carry out other normal activities. Therefore, the presence of these symptoms in and of themselves does not necessarily mean that a person is suffering from a mental disorder. Rather, such a diagnosis is appropriate only when these symptoms are long-lasting and debilitating.

It is useful to think of PTSD, as well as of many other mental disorders, such as depression, along a continuum. Everyone experiences "symptoms" of depression on occasion, including loss of appetite or difficulty sleeping, prolonged distress and grieving over the loss of an important person in our lives. Similarly, everyone has probably experienced some of the symptoms of PTSD, such as when nearly averting a car accident, having flashbacks and perhaps disturbing dreams that remind one of that experience. However, while we can all identify with such feelings associated with these disorders, there is a point at which such symptoms can become truly debilitating and interfere with almost every aspect of a person's life. Somewhere along this continuum is that line, which distinguishes Disorder from Distress. While researchers speculate on this subject, it's not clear if these disorders can be linked to our genetic make-up, "chemical imbalance" in the brain, our experience growing up, or any other factors. What is clear, is that mental illness is complex and varied, and probably all of these factors contribute to it. Refugees on one end of this continuum can benefit tremendously from social support, and from various resources their environment can offer them to feel better and organize their new life in their new country. Those toward the other end, who suffer from mental illness, cannot just "shake it off," "pull themselves together," and "get over it," without treatment. It is not always clear where that line is. Human beings are not simple, and the study of the human mind is an imprecise science.

There is a paradox in the ways service providers as well as survivors of extreme trauma conceptualize traumatic stress and disorder that may result from it. On one hand, professionals and survivors emphasize that it is important to publicize how terrible the events were, and to engage in activism to bring the perpetrators to justice whenever possible. Some also suggest that it is important to publicize and make known what the effects of trauma and torture have been, how devastating the violations were, and how many needs survivors have. Such efforts can generate more attention to the plight of the survivors, and potentially can

produce more resources to help them. On the other hand, many survivors are very adamant about not wanting to see themselves as victims, and fear that if attention is directed to their symptoms, they will be seen in a negative light. Moreover, many advocates feel that focusing on the suffering and the disability in the survivors shifts the focus away from the perpetrators. They feel that the torturers, the governments, and the circumstances that allowed for the abuse to happen are the ones who should receive a "diagnosis", and are the ones that must be changed, rather than the survivors. Consequently, some advocate highlighting the resources and strengths of the survivors, and emphasize that survivors are not psychiatrically disabled, but normal people who have survived abnormal, horrible circumstances. Their "symptoms" can also be seen as reactions, or ways of coping with the immense stress they experienced.

What mental health services are available?

Mental health professionals who can provide mental health services include psychiatrists, psychologists, social workers, and in some states, licensed counselors who specialize in such fields as family counseling or substance abuse. The types of treatments that are available include psychotherapy and drug therapy. Psychotherapy may be individual, where a patient or client meets with a therapist one-on-one; couples or family therapy that includes the client's family; or group therapy, where a therapist assembles a group of patients with similar struggles or problems. Recent years have seen rapid advances in the use of drugs to treat various psychiatric disorders, including depression, anxiety, and others. Most often treatment provided for severe psychiatric disorders will include some combination of drug treatment and psychotherapy. While only psychiatrists are licensed to prescribe medication, most psychologists and social workers have arrangements with psychiatrists who work with them to prescribe medication when needed. In some cases general practitioners, those who do not specialized in psychiatry, can and do prescribe psychiatric medication to their patients when they feel they are qualified to diagnose the problem.

In rare cases when psychiatric crises occur, hospitalization may become necessary. However, in today's health care sector as a whole, hospitalization is seen as an option of last resort, and is generally restricted to very short stays. For those who are unable to benefit from such brief treatment and return home, half-way houses and other such arrangements in the community may be available.

It is difficult to identify the best course of treatment for a psychiatric condition, particularly when it is not yet clear what the diagnosis of a problem is. As might be expected, people don't always fit neatly into the diagnostic criteria outlined in the DSM-IV, and for some patients it may take several trials of providers and treatments to find something that works. It is also important to consider patients' own preferences and feelings about different types of treatments, and these are tremendously different across cultures. Some patients will feel extremely uncomfortable taking drugs, because they will feel that somehow the drugs are interfering with the normal functioning of their body and mind. Others find drugs sensible and easy to take, particularly compared to psychotherapy, which may seem strange, intrusive, and in fact unhelpful. For these patients seeing a general

practitioner who can prescribe psychiatric medication may be more comfortable, and may be the best approach to engage them in treatment. Some thrive in a group context, able to share their feelings with others, while others find such public displays of thoughts and feelings extremely threatening and even shameful. Cultural beliefs and values will undoubtedly color the attitudes refugees hold toward these different types of treatments and providers, and it is useful to keep these in mind when offering someone a referral.

What can ESL teachers do to help refugees with mental health?

We do not expect ESL teachers to provide psychotherapy or any other kind of treatment for mental disorders in the classroom! However, ESL teachers can create opportunities for prevention of mental illness and create the conditions to enhance mental health. Increasing resources that refugees have to cope with stress, giving them knowledge and information, expressing an interest in their lives and giving them opportunities to share their experience, can make emotional pain easier to bear, and may even stall the development of distress into mental illness. ESL teachers can also learn to recognize severe mental illness in their students, and when appropriate, refer them for treatment, or seek help for them elsewhere within the resettlement network.

There are often situations in everyone's classroom when a teacher is not sure if what they observe, whether it's disruptive behavior, strangeness, or withdrawal in their students, is mental illness, different cultural norms, situational misunderstanding, or something else. Such behaviors may be merely a nuisance, or the teacher may be concerned for the safety of this individual or his/her family members. In general, it is useful for all those who work with refugees in the resettlement system to have access to mental health professionals who can help them determine when it is important to intervene and where to refer someone who needs help. It is useful to use one's own social networks or more formal channels to find such professionals to consult with on these issues.

It's important to have a sense of what you might do if a mental health crisis were to happen. What are the rules and options in your state and local area with respect to whom to call when such situations arise? Since a small proportion of any population will experience a severe psychiatric crisis, such as when a person is dangerous to oneself or others, psychiatric emergencies have and will continue to happen among refugee communities. Knowing that such crises will arise, it is important for ESL teachers to have a plan or a contact that they might use in such an emergency. Useful contacts might be a provider at a local clinic or hospital, who is familiar with the situation of refugees, and is willing to serve as a resource or the local refugee resettlement office that may have experience providing interpreters in such situations.

It's useful to have referral/resource list and to offer to consult a case manager when you feel a student is acting very unusually and may benefit from professional help. When a psychiatric crisis happens and a person is dangerous to her/himself or others, the police and the mental health system become involved and it may be possible to commit someone to treatment. However, most

psychiatric situations are not so extreme. Often refugees are reluctant to seek out mental health services for a variety of reasons, as are many Americans for that matter. Sometimes the only thing that it is possible to do is provide someone with a referral, and leave it up to them whether they follow up on it or not.

Practicing prevention of mental illness in the classroom

ESL teachers can be extremely effective at promoting mental health and preventing mental illness in the classroom. The following is a list of several general principals/approaches that may seem simple, but their power should not be underestimated.

A. Note strengths in your students and help them recognize them.
It is important to remember that despite the horrible conditions experienced by many refugees, they are normal, often quite courageous people, many of whom have experienced abnormal circumstances. The stresses of migration, acculturation, and trauma place great demands on their coping capacity. Many refugees note that because they can't speak English fluently, they find that many Americans treat them as if they are not intelligent. Because of their language difficulties, many speak to them slowly, with exaggerated facial expressions and gestures, as if they are talking to children! While this may be helpful in communication, it can also be demoralizing. Refugees are generally quite resourceful, and have many skills that have gotten them where they are today. Many may feel quite anxious and depressed, confused and distressed in general. However, while such symptoms may be present, in most cases their severity or constellation do not add up to something that can be diagnosed as a mental disorder. Instead, their reactions are quite normal and natural responses and attempts to cope with the stresses they experience. Having others see them as competent and strong can be extremely helpful, and help them build up their inner resources that can help them cope with stress.

B. Consider the role of culture in understanding your students' behavior.
Because refugees come from cultures with quite different values and traditions, sometimes behavior that is observed by service providers seems strange or even pathological, when in fact it may be quite natural from the perspective of the native culture. In these situations it is important to remember that it isn't the refugee who's strange, but that their style, or skills, or approach, which may have been quite adaptive elsewhere, simply don't fit with the culture here. It's not that one way of being is wrong and the other is right -- they are simply different, but it is the refugee who is placed in the position of having to change. Thus, for the vast majority of refugees, supportive environments, filled with people who respect them, try to understand them, don't judge them, and can offer them information and tangible support will provide the adequate resources to overcome the effects of stress.

C. Consider creating opportunities to reflect and "process" what you observe in the classroom.
ESL teachers, like most service providers working with refugees, are frequently overworked, and their schedules and work demands do not allow for time to

reflect on what they are experiencing in the classroom. It can be extremely useful to discuss with others what you are seeing among your students, how to understand their behavior, and how to structure your time with them in order to be helpful with them. Some agencies have opportunities for staff to get together and "process" their experience, share successes and failures, discuss their perceptions. It can be extremely useful to "process" these experiences with a mental health professional, perhaps someone who comes to the school once a month to meet with the teachers and discuss what they are seeing in the classroom. This person can also serve as a link to the mental health service system, and can be an invaluable resource if a psychiatric crisis happens.

D. Don't forget about your own mental health.
Working with people who are under stress can be extremely stressful. This process has been called "secondary traumatization," and is well know to mental health professionals who work with people who have been traumatized. Service providers who experience this can become ineffective at their jobs. They may experience anger and irritation at their students, or may feel overwhelmed by the suffering they see in their students and their families. It may be helpful for ESL teachers who have people who are under stress in their classrooms to have an opportunity to "debrief" and understand their own feelings and attitudes toward their students. Having structured opportunities to talk to other teachers, and perhaps to a mental health professional who can serve as a consultant on their classroom experience, can be extremely useful.

The work that non-mental health service providers do, whether they are ESL teachers, resettlement workers, interpreters, or have other such roles, is a valuable and important vehicle for helping refugees with stress, distress, and even mental illness. It is easy to underestimate how useful and helpful simple things are. Regardless of whether mental health services are required, when refugees experience concern and positive regard and receive information, whether it's in the classroom, at the resettlement agency, or elsewhere, these can be very helpful in their various struggles. When such services are delivered with understanding of the refugee experience, with appreciation for their difficulties, and with the assumption that what refugees lack is not personal skills or strengths but information, the stress that refugees experience is reduced. The interactions that teachers have with refugees in the classroom are meaningful, and can provide them with the coping resources they need to overcome and cope with the stressors in their lives. Part IV focuses on the ESL classroom, and describes further how you as an ESL teacher can be helpful *without* taking on the job of a mental health professional, but attending to mental health needs.

PART IV

THE CONNECTIONS BETWEEN ESL AND MENTAL HEALTH

The classroom as a safe space.

Refugees are not unique in their reticence to seek help from Mental Health professionals. Most people are reluctant to seek help. For refugees, the lack of institutionalized structures related to mental health in their native countries, the stigma attached to clinical mental health concerns, and their limited ability to manipulate English (which is the primary tool used by therapists) greatly decreases the likelihood that they will readily be willing to seek help and talk about their problems with mental health professionals. Indeed, mental health services have only become widely accessible to the communities within the United States in the last forty years. Such a system is unknown in the countries of origin for most refugees. In fact, in many communist countries where such "hospitals" or practitioners existed, they were often used for thought control or other less than noble purposes related to the political arena. Simply put, the ESL classroom is a safe space where the students can have the opportunity not only to learn English, which can serve as a tool for enhancing mental health, but also to learn about and discuss many of the cultural adjustment issues and other facets of their new lives which can help engender stronger mental health. When refugees seek help from a medical doctor or a mental health professional, they often become uneasy when asked about details of their personal lives and backgrounds. In the ESL classroom, activities give the students ample opportunity to talk, discuss items of personal interest and concern, and problem solve issues related to survival, family and employment which are natural components of the curriculum. This is viewed by students and teachers as part of the process of developing needed competencies using the English language.

This means that ESL service providers have an opportunity to promote cultural adjustment and mental health by learning about the challenges facing refugees, developing new strategies for providing material and activities in the classroom which will address some of the individual's particular needs, and becoming an integral part of a larger network of providers which includes mental health professionals sensitive to the particular needs of refugees.

The importance of English and the teacher

With the passage of the Refugee Act of 1980, recognition was given to the fact that refugees coming into the United States had some unique needs that were best addressed through special regulations. The large number of refugees who came in the 1980's and the cultural challenges faced by both the refugees and the service providers indicated the need for specialized services. During the intervening years there have been many shifts in the focus of resettlement concerns; new groups of refugees from outside Southeast Asia have brought new issues and challenges; funding patterns have changed; and the larger social services and educational systems have undergone dramatic scrutiny and

restructuring. Through all of this change, however, one constant has remained in the resettlement picture: the identified need for English language training. Increasingly, however, funding challenges and the demand from government funders for almost immediate employment makes it difficult for refugees to acquire this needed skill.

Some of the old questions and debates continue: How long does it take for a refugee to learn English? How much English is needed before someone can function "adequately" on a job? What should be the focus of English Language training: survival skills, job related instruction, or a more specialized approach to individual needs? Although those involved with delivering ESL to refugees have sometimes themselves felt outside the mainstream of the resettlement process, their role has been, and continues to be, crucial to the entire process.

English as a key tool to cultural adjustment and employment

When teachers, caseworkers and others ask refugees why they want to learn English, the answer is almost always related to their families, employment, and/or the community. (These responses are consistent with the recent results of focus groups, which were part of The Equipped for the Future System Reform Initiative, National Institute for Literacy, Washington, DC.) Very often, women in particular, will respond, "I want to be able to help my children with school," or "I want to be able to take my children to the doctor." In the employment area, of course, refugees mention the importance of English not only in finding an appropriate job, but also in staying on the job, being able to advance, and interact with coworkers. Responses from newly arriving refugees are more diffuse, often having to do with well identified "survival skills" as well as employment.

Even early on in the resettlement process, many refugees do identify goals related to the community. A very memorable example was a newly arrived doctor from Bosnia. At the closing ceremony of a sixty hour Spring Institute WorkStyles pre-employment program, he eloquently, although with limited English, stated his goal was not only to survive, but to give back to this country that had given him the opportunity for freedom and a new life. If such goals are paramount in the minds of some refugees, then it is easy to understand why helping them to acquire English skills is not only a key to their cultural adjustment, but also has a significant impact on their mental health. Becoming independent and establishing control over their personal lives is a major step to mental health for many refugees.

When working with employers, a key question always arises about the English language capabilities of potential employees. Given current legislative reality, early employment becomes even more crucial. Helping refugees acquire not only English language skills, but also the tools to continue learning as expeditiously and efficiently as possible, is critical for their well being.

If the teacher is not required to be a therapist, but does play a supportive role in mental health, what signals may be available in the classroom to alert teachers to significant cultural adjustment or mental health distress being faced by students?

Even a general idea of what the research says about how refugees manifest such concerns is helpful. In addition, since the early 1980's, asking refugees to identify how they feel or what happens when they are under stress has produced many lists of similar responses. Similar lists over many years have also been generated by teachers who have been asked to note what they see in the classroom as behaviors reflecting cultural adjustment or mental health challenges without trying to step outside the role of the good teacher/observer. These teacher lists overlap symptoms of distress that have been identified by mental health professionals, although their language of identification may be more specific, technical and/or clinical.

Signals teachers identify from reports from students or observation include:

- Headaches
- Backaches
- Stomachaches
- Sleeping in classes
- Withdrawal from participation
- Absences
- Lack of attention
- Students not being able to sleep
- Change in progress
- Drinking
- Crying
- Behavioral problems

In addition to these signals, teachers will learn much about their students if they listen to and observe what happens in the classroom as part of the English training. They then have the challenging opportunity to incorporate relevant material in the ESL lesson to assist with some of the challenges the refugees face, in addition to the more generic one of "learning English"

Appropriate roles for the ESL teacher

The role of the ESL teacher is to teach English to students. That sounds simple enough, but the task itself is complex:

- How do we teach?
- What content and context do we plan our lessons around?
- Why do we teach a certain content?
- How do the students respond in the classroom?
- What do they identify as important?
- What do we do when students discuss traumatic events or exhibit signs of distress in the classroom?
- Who can we call upon to help with this daunting task of teaching?

If the ESL provider views the teaching role as related to the general purpose of developing healthy, highly functioning individuals, families and communities, perhaps the vantage point from which lessons are planned will provide a broader vista of content and competencies which can be selected for attention in the classroom. In addition to a host of topics related to language skills that are needed for employment, teachers need to expand their vision to include content that is related to mental health:

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- going to the doctor
- finding an adequate place to live
- interacting with the school
- discipline of children
- relationships between husbands and wives and other family members
- recreational activities
- food and drink
- conflict resolution strategies
- relating to the past, the native country and distant relatives and friends.

All of these areas have content for potential lessons and ramifications for mental health. Strategies for addressing some of these areas will be discussed in more detail later.

In addition to crafting lessons with an eye to mental health content, teachers need to be prepared to handle crises before they occur. For example, teachers (and students also) need to know how to call 911, what to say to the dispatcher so help will be forthcoming. Developing relationships with interested local mental health providers, finding out how the local mental health system works, identifying community resources related to accessing help for cultural adjustment and mental health, and resources in the police department can all prove very useful to teachers and students.

Of course the ESL teacher is not expected to deal definitively with all of the challenges the refugees face. However, though it does make the job of the teacher less "simple," the myriad needs refugees bring to the classroom provides a richness of opportunity for lessons and the implications for positive impact of the teacher and classroom far beyond what might have been imagined.

PART V

ESL ACTIVITIES TO ADDRESS MENTAL HEALTH ISSUES

How can ESL teachers help refugee students develop strategies to cope with cultural and mental health issues? This section offers suggestions for techniques and activities which can be used in the ESL classroom. They are probably not so different from techniques teachers regularly use to teach English; in fact, all of these activities are appropriate for the process of developing competence in English. The way the teacher approaches each technique turns a particular English language teaching activity into an appropriate technique for developing mental health strategies. It helps to ask, "How can this activity help my students gain confidence and develop skills which they can use not only to survive but also to thrive in their new society? How will this give my students an opportunity to talk about items of concern to them, to problem solve issues related to their family and employment?"

Refugees from a variety of countries in Africa, Southeast Asia, the Middle East, and the former Soviet Union attend Spring Institute programs. Since Spring Institute started working with refugees in the early 1980s, teachers have created ways to help their refugee students develop strategies to cope with cultural adjustment challenges which all newcomers face and which can become mental health issues. Important to developing classroom activities is the understanding that refugees have lost much that is familiar to them including their language, their jobs, and the ability to use their skills; these actual losses result in the feeling of loss of control over everything in their lives. Many of the activities described below address this loss of control. Students depend on their teachers to help them build skill in their new language as the key element to their gaining control over their lives. Active listening, for example, which means repeating what you understand, gives the non-native speaking listener control over the communication process by giving them an acceptable way to check their comprehension. Planning long and short-term goals helps people gain control over the future; when realistic steps can be identified, the end goal becomes more attainable. Using case studies to explore problems people face on the job allows students to ask questions, engage in frank discussions, and develop creative solutions that can be applied to real situations.

Activities which help develop strategies for coping with cultural adjustment are actually preventative mental health activities. If people are able to deal with issues of cultural adaptation, which are normal issues for any newcomer, and are able to develop skills in their English classes to cope with these challenges, they are much less likely to develop mental health issues.

Steps to the Future - Realistic Expectations

Goals:
- To identify long term goals
- To clarify the actions or steps that need to be taken to reach those goals
- To acquire realistic expectations regarding both long and short-term goals

Mental Health Related Goals:
- To develop a sense of control over the future
- To establish a reason for taking a job that isn't exactly what you want and seeing it as a step along the way to the long-term goal

Level:
Intermediate to advanced, literate
Learners with strong technical skills as well as those with limited employment experience

Classroom Configuration:
Whole group, individual, and small groups

Procedure:
1. Ask people to think about what they would really like to be doing in 3 to 5 years. What job would they like to have? What education would they like to achieve? What skills would they like to acquire?

2. Draw a set of steps on the board or flip chart, and write the goal for one of the learners on the top step which represents 3 to 5 years from now. Have that student along with the others in the class identify the steps needed to get there. What entry-level job would be an appropriate first step for this person? What about further English language training? Is certification and further training in the field needed? Elicit as much from the people in the class as possible and write their suggestions on the steps.

My Goal: Accountant
The job I want in 3 years

Vocational Training
for Certification

OJT, Entry
Job

ESL

3. Have all the learners identify a three to five-year goal for themselves and write down on their own paper some of the steps they must take to get there. Help with vocabulary and provide information when there are questions about requirements for different professions.

4. Have students share their steps to the future with other classmates. (It is okay if people do not want to talk about this with other students, but it is amazing how real and *possible* it becomes when people are willing to do this.)

5. As part of this activity or at another time, introduce the question, "Why is it okay to take a job that is not exactly what you want?" Most people are eager to get a full-time permanent job, so they may not have considered the benefits of an entry level job or a part-time or temporary job if they are unable, at first, to get permanent employment in their field. Have students discuss in small groups reasons to take such a less than perfect job. Have each group select a secretary and a reporter. A person with stronger English skills can be asked to write the ideas on the flip chart as they are reported by each group. The reasons could include:

    - To earn money to live on
    - To learn more English on the job
    - To get job experience in the US
    - To do well so the boss will give you a good reference
    - To do well so you get promoted
    - To have a chance to work at any job in your field
    - To make contacts, network
    - With a part-time job, to have time to go to school
    - To have time to care for children

Mental Health Note: Often people feel hopeless when they think they will never be able to use the skills and training they have acquired, or that they will never be able to learn English well enough to function on a job in the United States, or when they believe they will be stuck in the first job they take in the US for the rest of their lives. Just having a chance to work through how they might actually get to their dream gives many people a sense of control over their lives.

Active Listening

Goals
- To follow instructions
- To ask questions and to use feedback skills in asking for clarification
- To complete a task with a partner

Mental Health Related Goals:
- To gain confidence in one's ability to understand and to confirm understanding of oral communication
- To gain control over the communication process

Level:
Beginning to advanced

Classroom Configuration:
Whole class for demonstration
Small groups and pairs

Procedure:
1. Demonstrate active listening by using two different grids, one with half of the spaces filled in, the other with the remaining spaces filled in. Place a barrier (such as a folder standing up) between two people so that they cannot see each other's work. Have them complete the grids by asking questions and using active listening or feedback (repeating what was understood) to check their comprehension, and by filling in the blank squares.
2. Have students do the activity in pairs, preferably with someone who does not speak the same language.
3. Debrief the activity. What strategies did people use to communicate? How is the skill of active listening useful on the job, in following directions, on the phone, in all relationships?

Mental Health Note:
Active listening gives the listener control over the communication loop. It provides the speaker a chance to clarify as the listener focuses on what was understood and alerts the speaker to what was not understood "So, I should stack all the chairs on the north (not south) wall?" "That's right, on the north wall." This seems like a small victory, but this strategy allows people to reinforce that they can understand something when it sometimes appears they understand nothing.

Islamabad

Goals:
- To practice active listening
- To describe a place or event that is significant to the speaker

Mental Health Related Goals:
- To feel that others are really listening and care about the speaker's experience
- To contribute to the mental health of all students, but especially those who may experience PTSD (Post Traumatic Stress Disorder)

Level
Beginning to advanced

Classroom Configuration
Whole class for demonstration
Small groups or pairs

Procedure
1. Demonstrate the activity for the whole class. Describe a place or event that is important to you. Using rods to illustrate, tell about a place, and step-by-step create that place or story by building it with the rods (or other manipulatives).
2. Ask the students to recall your description and repeat your story or description while looking at the model. Each student can add a different detail until the whole model is described. If a detail is not mentioned, you can add it, or another person in the class can contribute the detail.
3. Disassemble the model and ask two or three students to rebuild the model together while saying the sentences that describe the place or event. Often people indicate a true understanding of the emotion that is attached to the story by adding words that describe feelings. Vocabulary is expanded as people replace your words with synonyms or by paraphrasing.
4. Have students work in pairs, each of them describing a significant place. When each person has completed his/her story, have the other person reflect back (active listen), repeating the description as it was understood. Learners often discover that their classmates truly understand some of what they felt but didn't say.

Mental Health Note: Islamabad is an activity described by Earl Stevick (in Teaching Language: A Way and Ways) and named for the city that was described by the first student to do the activity. It is an excellent device for allowing people to express their feelings in English. Although the activity allows people to choose a neutral topic to describe, the ESL classroom is often the first place people tell their stories of the refugee experience. This kind of sharing in a safe space can contribute to healing the experience of loss; in this sense, Islamabad can be a preventative mental health activity. Moreover, the experience of feeling listened to can also contribute to a sense of self-worth.

Language Experience/Group Writing

Goals:
- To write a poem or story in English
- To work together with other learners

Mental Health Related Goals:
- To express feelings in English

Level:
Beginning to advanced, literate

Classroom Configuration:
Whole class, small groups

Procedure:
1. Have students work in groups by common culture.
2. Ask the learners to choose something they remember or love about their country or a topic that they all know something about. Pictures, music, folk tales, story cloths, craft items, jewelry, clothing all can provide the stimulus for group writing.
3. Give time for people to talk together suggesting words in English as well as the native language to describe the item or to tell a story. Encourage learners to work together to expand the vocabulary to include words for their feelings. Have one of the group members write the words.
4. Have the learners tell you a story or describe an experience in two to four sentences or phrases using the vocabulary they have generated. Have them take turns saying the sentences or thoughts while you write what they say.
5. Read the passage to the group.
6. Have the students read the passage aloud as a group, and then as individuals.
7. Make any changes that the students suggest.
8. This activity can be used with illiterate or beginning students if the teacher does all the writing as the students dictate. If some of the students in a multilevel class can handle the activity alone and some cannot, group the more advanced students together to create their own story or poem. The teacher can become a member of, and scribe for the less academically experienced.

Mental Health Notes:
While it is important to be sensitive to whether or not talking about home will prove to be too emotional an experience for some students, often people have not had the opportunity to share their positive memories. This kind of activity both provides language to do that and a safe environment in which to give voice to their feelings.

Following is an example of a poem using Group Writing with newly literate students:

A Beautiful Thing
by Kaying Vang, Houa Vue, and Youa Kue

In my country there is a beautiful sound. It is in the tree. It is made by birds and insects. I like this sound because it makes my heart fly away to Laos.

Culture Shock

Goal:
- To describe experiences in English

Mental Health Related Goals:
- To raise the level of awareness about culture shock
- To express emotions in English

Level:
Multi-level

Classroom Configuration:
Whole class

Procedure:
1. Ask people how they felt when they first arrived in the US. Ask them how they felt after four or five months. Write their responses on the flip chart or board. Responses may include:

When I first arrived, I felt....	Later I felt....
happy	lonely
excited	homesick
tired	small
scared	depressed
everything was interesting	sad
welcomed	discouraged
confused	

2. Draw the culture shock curve on the flip chart or board, and label the different stages.

Honeymoon

Integration

Initial Adjustment

Culture Shock

Mental Isolation

3. While people have different experiences, almost everyone feels some sort of discouragement after the "honeymoon" when things seemed exciting and at least hopeful. Culture shock is normal. Ask people to share where they are

at this moment on the curve.

4. Have them suggest strategies for dealing with culture shock. Ideas may include:

   - meet new people
   - help other people from my culture
   - take care of myself and be patient
   - talk to other people
   - study new things
   - volunteer to work in areas I am familiar with

5. Culture shock can be seen as a manifestation of people's regret about things they have lost, the things they miss. Another way to help people acknowledge the pain of leaving their homeland which contributes to culture shock is to have them list the things they miss. Write them on the flip chart or board. These might include:

friends	relatives	good food
beautiful fruit	mountains	the moon
nature	big trees	culture
the sea	smells	home

Mental Health Notes:
If people are still in the honeymoon stage, it helps to know that while they will likely experience ups and downs, culture shock is a normal reaction to life in a new country. If they are feeling depressed, being able to acknowledge their feelings can be the first step toward recovery.

Total Physical Response

Goals:
- To use words which express emotion appropriately

Mental Health Related Goals:
- To be able to express feelings in English
- To reduce stress through physical activity

Level:
Beginning to advanced

Classroom Configuration:
Whole class

Procedure:
1. Introduce the words for emotions by demonstrating facial expressions which are associated with those emotions. For example, a smile for happy, a bowed head for shy, a wrinkled forehead for worried, and a turned down mouth for sad. Show a sheet of faces (such as one published by Creative Therapy Associates, Inc.), and have students practice identifying the faces which illustrate the emotions you have demonstrated.
2. Have everyone stand up. Make a face and say, "I feel sad." Have students repeat the sentence and imitate your face. (Total Physical Response)
3. Ask students to pantomime the way they feel. The rest of the class guesses the word they are acting out. Then all the students act out the emotion as well as say, "I feel _____."
4. Expand the activity to include the rest of the body. Illustrate emotions both with facial expressions and with actions of arms, torso and legs. For example, fling your arms up in the air, add a big grin on your face, and jump up and down to express really happy or ecstatic. Each day increase the number of words which express emotions; be sure to involve the whole body. Again ask students to pantomime the way they feel to include the new words.
5. Start out each day asking students to show how they feel. The rest of the class can guess the emotion from their actions. Try ending each day by checking in again.

Mental Health Notes: English lessons often focus on teaching words for objects and actions. They do not always include words which express emotion. This activity gives people the words to express the way they feel; it validates those feelings; when people can express their feelings (both positive and negative), they are more likely to be able to move on and not "get stuck" in negative emotions. The addition of physical action, a form of exercise, contributes to a feeling of well being as more oxygen enters the system and the endorphins increase.

* Idea contributed by Terry Villamil, Long Beach Unified School District.

Dialogue Journals

Goal:
- To communicate with another person in writing

Mental Health Related Goal:
- To communicate ideas and feelings in writing

Level:
Intermediate to advanced, literate

Classroom Configuration:
Individual work

Procedure:
A dialogue journal is a written conversation between the teacher and each student. The "conversation" is private, regular, and ongoing. Students can write about anything that interests them, and the teacher responds to the message, as in a conversation, without grading or correcting.

1. To get started, have each student buy a notebook. If you feel people may be intimidated by the thought of having to write anything, have them buy a small notebook or give each student a simple paper booklet such as a "blue book" (which is used for exams at universities).
2. Initially, give students time to write in class. They are free to write as much as they want. They may write about their activities, issues that interest them, or simply whatever they are thinking about. (Later you may wish to have students write in their journals at home or when they think of something they want to add during the day.)
3. Collect the journals in class. (You may want to work out a schedule to exchange the journals perhaps two or three times a week if daily is not feasible.) Write a response to what the student has written. Your response should be more than "Great" or "Interesting". Write back to the student; respond to the content of the journal, and add your own thoughts or ask a question as you would in a verbal conversation.
4. Students may ask you to correct their journals. While, strictly speaking, this is not the purpose of a dialogue journal, you and the students will see improvement in their written expression as you model grammar structures, vocabulary, and spelling that they begin to incorporate. You could suggest that students ask you in the journal if they have used a word correctly or if a particular sentence is grammatically correct. This gives them an opportunity to take more responsibility for their learning by identifying what they want to clarify or learn.

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Mental Health Notes:

From a purely language learning perspective, journals provide a way for students to try out and gain confidence in using their writing skills. Journals give teachers a way to assess language skills and to identify problem areas to include in lessons. More significantly, they allow students to communicate in a safe environment about subjects that are important to them. Some of the topics may be neutral, but some may be about cultural differences and the students response to feelings of isolation or sadness. Writing about these feelings can be a step toward cultural adaptation and mental health. Journals permit students to experiment with and can help to develop appropriate strategies to communicate sensitive subjects to another person in this culture.

Teachers have sometimes expressed concern that students may write about serious concerns such as suicide or domestic violence may express strong emotions which could indicate a dangerous or crisis situation. Teachers need to think through ahead of time how they could deal with expressions of more severe issues. We are not psychologists or psychiatrists, but we are frequently on the front lines when topics that are better addressed by professionals come up. (Ideas and resources are listed on page 21 of this booklet.)

Skits and Role Plays

Goal
To develop strategies to deal with stressful situations

Mental Health Related Goals:
To raise awareness that cultural adaptation issues can become mental health issues

Level:
Intermediate and advanced, but all levels can benefit

Classroom Configuration:
Whole class, small groups

Procedure:

1. Think of the many situations and critical incidents which cause and result in stress, especially for people from other cultures: a new job, changing gender roles, the challenges of raising children in the American culture. Make up skits to depict these situations and prepare a script which includes the issues in the dialogue. Students should be able to identify the problems easily as well as suggest solutions during the debriefing.
2. Trainers or advanced students act the parts in each skit. Speak clearly and a little slowly but with feeling. Video tape the skit so that it can be shown again if some participants do not understand some of the issues.
3. Ask students to identify the problems the people in the skits have. Write them on the flip chart as they are mentioned. For example, some of the problems with a new job might include:

    - Not familiar with American measurements, tools, and equipment
    - Boss wants a job done quickly, is impatient
    - Concerned other workers are talking about him/her
    - Can't understand the supervisor because he/she talks too fast
    - Works through the break because he/she's behind in work

4. Point out that when people have to deal with problems like these, adjust to a new culture, and learn a new language, they often suffer "stress" and that stress itself can lead to health problems.

    - Ask participants to suggest solutions, ways people can reduce stress. Write their suggestions on the flip chart. Their ideas may include:
    - Take regular breaks
    - Get exercise, join a sports team
    - Communicate with the people you have the problem with
    - Identify a friend (American or from native culture) who will listen when problems occur
    - Practice relaxation techniques
    - Take walks
    - Read

- Listen to music
- Talk to the boss and ask for help, get training
- Make friends on the job, talk with co-workers

5. Have several people role play the same situation incorporating some of the suggestions so that the skit has a different outcome.
6. Extend this activity with case studies. Write a brief description of other problem situations. Have students discuss the issues and solutions in small groups, write their main points, and share them with the larger group or role-play different solutions.

Mental Health Notes:
Discuss the importance of dealing with problems when they are small. If they begin to experience depression or stress, or they know people who have difficulties, awareness that there are ways to reduce tension is a major step in solving problems.

Planning Activity for Lesson Content Relevant to Mental Health

The following grid was developed by Shirley Brod, Spring Institute for International Studies, and has proved to be very useful in helping teachers identify topics of concern to refugees that are very appropriate for the content of ESL lessons and have implications for mental health. All three columns are filled out for some of the topics as examples of how identification of certain competencies can lead to appropriate activities and materials for a lesson. Other components of good lesson planning could be added to this grid, such as, identification of the grammar points to be included in the lesson. There are many other topics that could be added to this list.

This grid has been very useful in teacher training workshops as small groups of teachers work together to identify needed competencies, related to mental health, and discuss how a lesson might result.

PREVENTIVE MENTAL HEALTH ACTIVITIES IN THE ESL CLASSROOM

STRESSORS	PREVENTIVE MENTAL HEALTH ACTIVITIES	MATERIALS
I. Feelings of isolation & abandonment	Introduction activities to get acquainted, create classroom rapport, establish support groups, develop cross-cultural sensitivity	Interview grids Human Bingo Islamabad Experience stories Class-produced newspapers or magazines Ethnic show & tell
A) Loss of support group in extended and/or nuclear family; no culturally acceptable individuals with whom to discuss private/personal problems	Set up hypothetical, depersonalized situations in the classroom in which "someone" has problems, and class helps work toward solutions	Puppets or masks Drawings & pictures Skits & role plays Class composition
B) Move from country to city or from city to country	Field trips to locate community resources for help and fun	
C) Ethnic harassment in the neighborhood, home, school or society	Open-ended close to elicit discussion; practice in role plays calling for police or help; classroom visit by police HR officer; neighborhood associations for self-help	Pictures and drawings
D) Changing culturebound "clues" for acceptable behavior in school, social, employment situations	Films, role play, stories read silently by group or out loud by teacher, incorporating correct behavior (or incorrect behavior) which students point out, discuss. Problem-solving situation is set up, students determine appropriate behavior (such as critical incidents). Practice assertive/passive behavioral responses	Video is especially helpful here, as it incorporates "body language" as well as spoken English American Cultural Encounters, Ford & Silverman, The Alemany Press, 1980
E) Limited social/ recreational opportunity due to inadequate contacts,		

shyness, lack of knowledge of culturally acceptable ways to meet people		
II Economic stressors A) Loss of self-esteem: cannot get a job (or have a lifestyle) equal to that in native country Loss of face: female in family (esp. wife) goes to work; worse when husband cannot find work B) Fear of failure in applying for job 1. Literacy requirements of application 2. Oral/aural demands of job 3. Transportation problems 4. Fear of workplace (esp. if no other employees have same language/ ethnicity) C) Fear of losing job D) Health care costs		
III. Family stressors A) Generational/culture gap 1. Children learn English faster, parents lose face,		

may be ridiculed 2. Children want customs of American classmates: clothing, attitude toward elders, family responsibility, dating, drugs/smoking/alcohol B) Pressure to sponsor relatives, send money to family in native country C) Survivor guilt D) Change in hierarchy of family structure, resulting loss of identity, esp. with elderly E) Necessity for wife/ mother to work F) Child care costs, differences in laws/ expectations about leaving children alone		

APPENDIX

The following piece is an illustration of how cultural perspectives manifest themselves in the classroom. A student's response to a given activity in the classroom may be in part determined by the cultural filters he/she is looking through or by the stage in the cultural adjustment process where the student finds him/herself.

This example may provide some idea of the variety of responses which a teachermay expect from some of the activities outlined in the booklet.

Picture Stories and Mental Health
By Margaret Silver

Pictures are fairly common tools in the ESL classrooms to prompt writing activities. The pictures may be from a book or from the teacher's private collection. The pictures can prompt - depending on the skill level of the students - stories about a specific topic or may be a vehicle to practice a particular grammar point or narrative organization. The common feature of all the pictures should be that they nudge a memory that many adults will share, for example, a fire place with ash still smoldering; an old but very used rocking chair; a bicycle with a flat tire, etc. The most provocative pictures are absent of detail. Thus the student must search his own life experiences to find the words to express his thoughts and supply the detail. The focus in picture story lessons is on the student. The teacher is the facilitator and supplies the language and structure the students indicate.

However, in addition to being a language building vehicle, student-built narratives can be a two-way mirror providing teachers with a unique insight into the interaction of personality and culture on adaptation to a new country. They are analogs of a road-map indicating individual student's adjustment to their new culture and areas of that adjustment that need to be further explored or revisited.

Today's ESL classroom methodology focuses almost exclusively on language development strategies. Little is available to cue teachers to the hidden messages students are sending about the status of their cultural adjustment, whether intervention is needed, or, if needed, what form it might take. Teachers must rely on their own intuition to "read between the lines" and assess not just the linguistic competence of what is being said but the significance of things omitted or the apparent non-sequiturs that students may include.

Two examples of picture stories follow. They show different aspects of cultural adjustment at work. In the first, intermediate level students at SPL V (Student Performance Level V) were working with a 4-picture series from *What's the Story?*, Student's Book 4 by Linda Markstein and Dorien Grunbaum, (published by Longman, New York, NY 1981. ISBN 0 582 79786 1). The first of the four pictures shows an older woman in an urban apartment unpacking her groceries. The second picture shows her laying her dining room table with flatware and wineglasses for three. There are flowers in a vase in the center of the table. In the third picture, she is answering the phone. In the fourth picture she sits alone at the table, a bowl of soup before her, her elbow on the table, her head on her hand and her eyes downcast.

In this instance, the teacher had done all the standard preparation. She had provided the students with whatever new vocabulary and grammatical structures they needed to recount the story. The class had also worked through the story orally. However, before setting the students to work writing the story, the teacher had asked a question of the 9 students (from 6 different countries) that produced some very revealing responses.

The question was very simple, "What advice would you give the woman in this story?"

A young woman from South America said three or four times with increasing emphasis: "She should change her clothes."

Two Bosnian girls (although only one would speak and then only after conferring with the other) said: "I would call a friend. Maybe go to a movie. But she is old and I think she is lonely. I don't know how to help her."

A middle aged Chinese woman was quite emphatic with her advice: "She must put the food away. Put it in the refrigerator. She must not leave the food there."

A middle-aged male refugee from Bosnia bearing many of the signs of status disjuncture (although it was summer and very hot, this student always wore a suit and tie to class and carried a brief case): "She bought a lot of food, and cleaned the apartment. She made a nice meal. She laid the table. She laid china and silverware and crystal glasses. She put flowers on the table. Then she got a phone call. Her friends are not coming."

A retired air force officer from Pakistan thought a long time before he said thoughtfully: "I know what I would tell a man but for a woman; I don't know."

A young Vietnamese male refugee (maybe 19 or 20) was apparently angry and said very emphatically: "I can't give her advice. I don't know any advice."

A young Bosnian male refugee who was new to the class let everyone else answer before he said: "I don't know. Maybe go to bed."

The young South American girl who had been first to respond was clearly being driven by some strong emotion and said once again very emphatically: "She must get up and change her clothes."

A middle aged Japanese woman was discretely critical but clearly emphatic with her advice: "She must clear the table."

Students may hear the same words, but what they perceive is filtered through their culture, age and personal experiences. The four pictures that stimulated this lesson had done their job. They had elicited the facts of a story that the students could tell. However, when the teacher had asked the students to give advice, she had taken them out of language and vocabulary development and into an area hedged with conventions from their first culture.

The advice from the young South American woman was clearly deeply felt but so elliptical as to suggest the pictures had triggered some personal concerns for her. The Chinese woman was concerned to conserve resources: food should never be allowed to go to waste. The Japanese woman clearly felt that the pictures expressed an unwonted display of negative emotion that should end. The young

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Bosnian women struggled with the intergenerational issues of offering advice and, in particular, offering it to someone so "old." The middle-aged Bosnian man had either misunderstood the question or chose to ignore it, instead retelling the story at considerable length, omitting any form of advice. The two young men, one Bosnian and one Vietnamese, had both answered with an edge of anger in their responses. Whether the anger had to do with frustration at finding a suitable linguistic or emotional response was unclear. Even the Pakistani student, although engaged with the task, had been frustrated at finding a gender-suitable response.

From the simple request to give advice to someone saddened by disappointment, a whole agenda of cultural sensitivity opportunities became apparent. They ranged from an in-depth review of register and appropriate language forms with which to express it, to a look at American cultural patterns including acceptable forms of offering advice.

In this second story, the students (high beginner at SPL II & III) were in an evening class. It was the last period of the evening and the last evening of the week. The students were multi-ethnic. The student ages ranged between 25 and 35. Men outnumbered women in a ratio of about 5 to 3. These students had worked together on similar story-building activities in previous weeks. Thus, they were familiar with their task: that is, story-building, vocabulary development, and creative writing. Their prompt was a single picture of a flowering meadow in late spring. The picture had no buildings, fences or roads in sight.

Their story reveals not so much a shared experience as a shared dream. The students' language is direct and the first paragraph purely descriptive. However, the subsequent sentences show very clearly the wistful shared dream of a bucolic life away from the complexities of city living and the aggravations of "starting over." The teacher reported that as the "dream" caught hold in the class, the mood became electric and everyone (in this late evening class of about 30 students) had a contribution to make. In pursuit of this common dream, there were no protests even at the suggestion of wine and pork in a class where there were a number of Muslims. The women made no protest at the idea of no women in this halcyon world and they all rallied around the idea of being able to work every day. Interestingly, it was a woman who recommended that there be no police in this beautiful new world!

> *"I want to live in the country on a farm. Because it is beautiful and quiet. There are good smells of flowers and grass.*
>
> *There is no smoke, no trash, no police, no women, no cars, no money.*
>
> *I plant vegetables and grapes. I work every day.*
>
> *I drink wine and go fishing. I hunt turkey, deer, ducks, and rabbits. I raise cows, goats, sheep, chicken and pigs. I work a lot every day."*

Unlike the first story where the students tried to use their first culture to grapple with a problem in their new culture, this second story is fantasy and the students knew and enjoyed what they were doing. Even so, the story and the dynamics that accompanied it provide some insight into the stage of the students' cultural adaptation. They are clearly engaged but struggling. They suddenly discovered that they all had a shared dream of another life in which they regained control of their daily existence and could make choices once again. In this dream, although much is fantasy, the students join in a joyful listing of their frustrations and throughout maintain a constructive and realistic focus on the route to survival: work and individual effort.

Although revealing, this story was a spontaneous and joyous "insurrection" against reality and probably impossible to recreate or imitate with other students - even if one wished to. However, on the few occasions when students do take charge, the experience can provide valuable learning for them as they discover that they are not alone in their frustration nor are they powerless. The teacher too has an opportunity to not only share in their epiphany but to gain insight into the issues with which the students are grappling.

About the authors:

Myrna Ann Adkins became President of the Spring Institute for International Studies in 1985, after having served as Director of Refugee Programs for the Institute since 1980. She has provided technical assistance and training across the United States for case managers, mainstream mental health providers, paraprofessional mental health workers and ESL teachers. She has served as Project Director and Senior Trainer for many projects funded by the Office of Refugee Resettlement. She also provides training for ESL teachers on preventive mental health in the ESL classroom. Myrna Ann Also provides training for employers related to developing cultural competency in working with culturally diverse employees.

Dina Birman, Ph.D. is a Psychologist, currently a Research Fellow at Georgetown University Medical Center in Washington, D.C. For 6 years Dr. Birman worked as a Psychologist for the U.S. Public Health Service, providing consultation on refugee mental health issues to the Office for Refugee Resettlement, state, and local refugee resettlement agencies nation-wide. She then managed research and training programs in the Office for Special Populations of the National Institute of Mental Health, part of the National Institutes of Health. Dr. Birman's expertise is in the area of acculturation and adjustment of immigrants, particularly adolescents and their families. Currently she is conducting research on acculturation and adjustment among refugee adolescents and their families, and the impact of culture and ethnicity on effectiveness of mental health treatment for immigrants and ethnic minorities in the U.S.

Barbara Sample, Vice President and Director of Educational Services at the Spring Institute, has worked in the areas of cross-cultural training and English as a Second Language for over twenty five years. She has given presentations at numerous local, state, and national professional conferences, focusing on competency based ESL, mental health in the classroom and empowerment strategies. Ms. Sample has been the coordinator of Spring's WorkStyles pre-employmentability and personal effectiveness skill training. She played a major role in adapting the materials for use with non-native speakers of English and has developed a manual for trainers. In 1992, she wrote Teacher's Book 2 for the Crossroads Adult ESL series published by Oxford University Press. Ms. Sample is a co-founder of the Spring Institute.

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